

Report Year:

2010

12463

San Francisco General Hospital

San Francisco

Page:1 of 17

Provide the Hospital Owner and Year of Report per Section 130061(e)

Facility Number:

12463

Facility Name:

San Francisco General Hospital

Address:

1001 Potrero Avenue

City:

San Francisco

Hospital Owner/Licensee:

Please Enter License/Owner Name

Year of Reporting:

2010

Contact 1 e-mail Address:

Contact 2 e-mail Address:

Contact 3 e-mail Address::

Name of Submitter:

Kathy Jung

Submission Date:

1/28/2011 9:38:37 AM

Report Year:

2010

12463

San Francisco General Hospital

San Francisco

Page:2 of 17

For buildings which are planned for retrofit or replacement the report shall identify: Whether the hospital owner intends to retrofit or replace the building to SPC 2 or SPC 5 per section [130061\(c\)\(1\)\(A\)](#). The deadline, as described in [Section 130060](#) or [130061.5](#), for retrofit or replacement of the building that the hospital owner intends to meet, and the applicable extension for which the hospital owner has been approved per [Section 130061\(c\)\(1\)\(B\)](#)

Bldg. No.	Building Name	Alternate Building Address	Building Resolution	Final SPC Rating If Required	Extension Date	Anticipated Completion Date
01	Main Hospital	1001 Potrero Avenue	Replace	SPC5	01/01/2020	07/01/2015
02	M Wing	1001 Potrero Avenue	Replace	SPC5	01/01/2020	07/01/2015
03	Service Building	1001 Potrero Avenue	Retrofit	SPC5		07/08/2010

For each building which is planned for retrofitting or replacement, provide the project numbers, per Section 130061(c)(1)(C). The projected construction start date or dates and projected Completion date or dates per Section 130061(c)(1)(D) and the most recent project status and approvals per Section 130061(c)(1)(E).

Building No: 01 Main Hospital Retrofit/Replacement Project: Yes-Submitted

Facility Number	Project Number	Sub Num	Scope	Date in	Plan Approved Date	Proj. Start Date	Proj. Completed Date	Status	CEQA Review
12463	IS071795	0	PPR - SFGH PROGRAM REBUILD	09/27/2007		09/27/2007	07/01/2015	OPEN	No

Building No: 02 M Wing Retrofit/Replacement Project: Yes-Submitted

Facility Number	Project Number	Sub Num	Scope	Date in	Plan Approved Date	Proj. Start Date	Proj. Completed Date	Status	CEQA Review
12463	IS071795	0	PPR - SFGH PROGRAM REBUILD	09/27/2007		09/07/2007	07/01/2005	OPEN	No
12463	IS071795	0	PPR - SFGH PROGRAM REBUILD	09/27/2007		09/27/2007	07/01/2015	OPEN	No

Provide the number of inpatient beds and patient days per type of service per building per **Section 130061(c)(1)(F)**

Building Number: 01

Building Name: Main Hospital

Type of Service Provided

<input checked="" type="checkbox"/> Nursing	Inpatient Beds	195	Inpatient Days	65426
<input checked="" type="checkbox"/> IntensiveCare	Inpatient Beds	33	Inpatient Days	8557
<input checked="" type="checkbox"/> Pediatric/Adol escent	Inpatient Beds	12	Inpatient Days	433
<input checked="" type="checkbox"/> Psychiatric Nursing	Inpatient Beds	100	Inpatient Days	21919
<input checked="" type="checkbox"/> Obstetrical Ante/Postprtum	Inpatient Beds	12	Inpatient Days	4045
<input type="checkbox"/> Intermediate Care	Inpatient Beds	0	Inpatient Days	0
<input checked="" type="checkbox"/> Skilled Nursing	Inpatient Beds	30	Inpatient Days	10820

 Total Beds this Building **382**

<input checked="" type="checkbox"/> Surgical	<input checked="" type="checkbox"/> Obstetrical Recovery
<input checked="" type="checkbox"/> Anesthesia	<input checked="" type="checkbox"/> Newborn/ WellBaby
<input checked="" type="checkbox"/> Clinical Lab	<input checked="" type="checkbox"/> Emergency
<input checked="" type="checkbox"/> Radiological/ Imaging	<input type="checkbox"/> Nuclear Medicine
<input checked="" type="checkbox"/> Pharmaceutical	<input checked="" type="checkbox"/> Rehabilitation Therapy
<input checked="" type="checkbox"/> Dietetic	<input checked="" type="checkbox"/> Renal Dialysis
<input checked="" type="checkbox"/> Administration	<input checked="" type="checkbox"/> Outpatient Surgery
<input checked="" type="checkbox"/> Support Services	<input type="checkbox"/> Central Plant
<input checked="" type="checkbox"/> Obstetrical Cesarean/Deliv	

Provide the number of inpatient beds and patient days per type of service per building per **Section 130061(c)(1)(F)**

Building Number: 02

Building Name: M Wing

Type of Service Provided
☐ Nursing Inpatient Beds 0 Inpatient Days 0

☐ IntensiveCare Inpatient Beds 0 Inpatient Days 0

☐ Pediatric/Adol
escent Inpatient Beds 0 Inpatient Days 0

☐ Psychiatric Nursing Inpatient Beds 0 Inpatient Days 0

☐ Obstetrical Ante/Postprtum Inpatient Beds 0 Inpatient Days 0

☐ Intermediate Care Inpatient Beds 0 Inpatient Days 0

☐ Skilled Nursing Inpatient Beds 0 Inpatient Days 0

Total Beds this Building 0

☐ Surgical

☐ Anesthesia

☒ Clinical Lab

☐ Radiological/
Imaging

☐ Pharmaceutical

☐ Dietetic

☒ Administration

☐ Support
Services

☐ Obstetrical
Cesarean/Deliv

☐ Obstetrical
Recovery

☐ Newborn/
WellBaby

☐ Emergency

☐ Nuclear
Medicine

☐ Rehabilitation
Therapy

☐ Renal Dialysis

☐ Outpatient
Surgery

☐ Central Plant

Provide the number of inpatient beds and patient days per type of service per building per **Section 130061(c)(1)(F)**

Building Number: 03

Building Name: Service Building

Type of Service Provided
☐ Nursing Inpatient Beds 0 Inpatient Days 0

☐ IntensiveCare Inpatient Beds 0 Inpatient Days 0

☐ Pediatric/Adol
escent Inpatient Beds 0 Inpatient Days 0

☐ Psychiatric
Nursing Inpatient Beds 0 Inpatient Days 0

☐ Obstetrical
Ante/Postprtum Inpatient Beds 0 Inpatient Days 0

☐ Intermediate
Care Inpatient Beds 0 Inpatient Days 0

☐ Skilled Nursing Inpatient Beds 0 Inpatient Days 0

Total Beds this Building 0

☐ Surgical

☐ Obstetrical
Recovery

☐ Anesthesia

☐ Newborn/
WellBaby

☐ Clinical Lab

☐ Emergency

☐ Radiological/
Imaging

☐ Nuclear
Medicine

☐ Pharmaceutical

☐ Dietetic

☐ Rehabilitation
Therapy

☐ Administration

☐ Renal Dialysis

☐ Support
Services

☐ Outpatient
Surgery

☐ Obstetrical
Cesarean/Deliv

☒ Central Plant

Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F)

Building Number: 01

Building Name: Main Hospital

Medical / Surgical (Include GYN)

Inpatient Bed 195 Inpatient Days 65426

Acute Respiratory Care

Inpatient Bed 0 Inpatient Days 0

Acute Psychiatric

Inpatient Bed 100 Inpatient Days 21919

Perinatal (exclude Newborn / GYN)

Inpatient Bed 12 Inpatient Days 4045

Burn

Inpatient Bed 0 Inpatient Days 0

Skilled Nursing

Inpatient Bed 30 Inpatient Days 10820

Pediatric

Inpatient Bed 12 Inpatient Days 433

intensive Care Newborn Nursery

Inpatient Bed 3 Inpatient Days 579

Intermediate Card

Inpatient Bed 0 Inpatient Days 0

Intensive Care

Inpatient Bed 30 Inpatient Days 7978

Rehabilitation Center

Inpatient Bed 0 Inpatient Days 0

Int. Care / development Disabled

Inpatient Bed 0 Inpatient Days 0

Coronary Care

Inpatient Bed 0 Inpatient Days 0

Chemical Dependency

Inpatient Bed 0 Inpatient Days 0

Total Beds this Building Per Unit

382

Total Beds this Building Per Service

382

Report Year:

2010

12463

San Francisco General Hospital

San Francisco

Page:8 of 17

Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F)

Building Number:

02

Building Name:

M Wing

Medical / Surgical (Include GYN)Inpatient
Bed

0

Inpatient
Days

0

Acute Respiratory CareInpatient
Bed

0

Inpatient
Days

0

Acute PsychiatricInpatient
Bed

0

Inpatient
Days

0

Perinatal (exclude Newborn / GYN)Inpatient
Bed

0

Inpatient
Days

0

BurnInpatient
Bed

0

Inpatient
Days

0

Skilled NursingInpatient
Bed

0

Inpatient
Days

0

PediatricInpatient
Bed

0

Inpatient
Days

0

**intensive Care Newborn
Nursery**Inpatient
Bed

0

Inpatient
Days

0

Intermediate CardInpatient
Bed

0

Inpatient
Days

0

Intensive CareInpatient
Bed

0

Inpatient
Days

0

**Rehabilitation
Center**Inpatient
Bed

0

Inpatient
Days

0

**Int. Care / development
Disabled**Inpatient
Bed

0

Inpatient
Days

0

Coronary CareInpatient
Bed

0

Inpatient
Days

0

**Chemical
Dependency**Inpatient
Bed

0

Inpatient
Days

0

**Total Beds this
Building Per
Unit**

0

**Total Beds this
Building Per
Service**

0

Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F)

Building Number:

03

Building Name:

Service Building

Medical / Surgical (Include GYN)Inpatient
Bed

0

Inpatient
Days

0

Acute Respiratory CareInpatient
Bed

0

Inpatient
Days

0

Acute PsychiatricInpatient
Bed

0

Inpatient
Days

0

Perinatal (exclude Newborn / GYN)Inpatient
Bed

0

Inpatient
Days

0

BurnInpatient
Bed

0

Inpatient
Days

0

Skilled NursingInpatient
Bed

0

Inpatient
Days

0

PediatricInpatient
Bed

0

Inpatient
Days

0

**intensive Care Newborn
Nursery**Inpatient
Bed

0

Inpatient
Days

0

Intermediate CardInpatient
Bed

0

Inpatient
Days

0

Intensive CareInpatient
Bed

0

Inpatient
Days

0

**Rehabilitation
Center**Inpatient
Bed

0

Inpatient
Days

0

**Int. Care / development
Disabled**Inpatient
Bed

0

Inpatient
Days

0

Coronary CareInpatient
Bed

0

Inpatient
Days

0

**Chemical
Dependency**Inpatient
Bed

0

Inpatient
Days

0

**Total Beds this
Building Per
Unit**

0

**Total Beds this
Building Per
Service**

0

For all buildings at the facility, indicate which ones are scheduled for general acute service removal.

Building Number	Building Name	Building to be Removed
01	Main Hospital	<input type="checkbox"/>
02	M Wing	<input type="checkbox"/>
03	Service Building	<input type="checkbox"/>

Report Year:

2010

12463

San Francisco General Hospital

San Francisco

Page:11 of 17

List ALL proposed new buildings to be constructd at this or another site.

Building
Number

Building Name

New
Site

N_1

Building 25

☐

Report any general acute care hospital inpatient service that is provided in any general acute care hospital building that is rated SPC-1 per [Section 130061\(c\)\(4\)](#)

Building Number:

01

Building Name:

Main Hospital

Type of Service Provided

☒

Nursing

☒

IntensiveCare

☒Pediatric/Adol
escent☒Psychiatric
Nursing☒Obstetrical
Ante/Postprtum☐Intermediate
Care☒

Skilled Nursing

☒

Surgical

☒

Anesthesia

☒

Clinical Lab

☒Radiological/
Imaging☒

Pharmaceutical

☒

Dietetic

☒

Administration

☒Obstetrical
Cesarean/Deliv☒Obstetrical
Recovery☒Newborn/
WellBaby☒

Emergency

☐Nuclear
Medicine☒Rehabilitation
Therapy☒

Renal Dialysis

☒Outpatient
Surgery☐

Central Plant

☒Support
Services

Report any general acute care hospital inpatient service that is provided in any general acute care hospital building that is rated SPC-1 per [Section 130061\(c\)\(4\)](#)

Building Number:

02

Building Name:

M Wing

Type of Service Provided

☐

Nursing

☐

IntensiveCare

☐Pediatric/Adol
escent☐Psychiatric
Nursing☐Obstetrical
Ante/Postprtum☐Intermediate
Care☐

Skilled Nursing

☐

Surgical

☐

Anesthesia

☒

Clinical Lab

☐Radiological/
Imaging☐

Pharmaceutical

☐

Dietetic

☒

Administration

☐Obstetrical
Cesarean/Deliv☐Obstetrical
Recovery☐Newborn/
WellBaby☐

Emergency

☐Nuclear
Medicine☐Rehabilitation
Therapy☐

Renal Dialysis

☐Outpatient
Surgery☐

Central Plant

☐Support
Services

Report any general acute care hospital inpatient service that is provided in any general acute care hospital building that is rated SPC-1 per [Section 130061\(c\)\(4\)](#)

Building Number:

03

Building Name:

Service Building

Type of Service Provided

☐

Nursing

☐

IntensiveCare

☐Pediatric/Adol
escent☐Psychiatric
Nursing☐Obstetrical
Ante/Postprtum☐Intermediate
Care☐

Skilled Nursing

☐

Surgical

☐

Anesthesia

☐

Clinical Lab

☐Radiological/
Imaging☐

Pharmaceutical

☐

Dietetic

☐

Administration

☐Obstetrical
Cesarean/Deliv☐Obstetrical
Recovery☐Newborn/
WellBaby☐

Emergency

☐Nuclear
Medicine☐Rehabilitation
Therapy☐

Renal Dialysis

☐Outpatient
Surgery☒

Central Plant

☐Support
Services

Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general acute care hospital building per [Section 130061\(c\)\(5\)](#)

Building Number:

01

Building Name:

Main Hospital

Configuration
:

Replace with new SPC 5 and NPC 4 or NPC 5 building

Type of Service Provided☒

Nursing

☒

Surgical

☒Obstetrical
Cesarean/Deliv☒Rehabilitation
Therapy☒

IntensiveCare

☒

Anesthesia

☒Obstetrical
Recovery☒

Renal Dialysis

☒Pediatric/Adol
escent☒

Clinical Lab

☒Newborn/
WellBaby☒Outpatient
Surgery☒Psychiatric
Nursing☒Radiological/
Imaging☒

Pharmaceutical

☒

Emergency

☐

Central Plant

☐Intermediate
Care☒

Dietetic

☐

Nuclear Medicine

☒Support
Services☒

Skilled Nursing

☒

Administration

Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general acute care hospital building per [Section 130061\(c\)\(5\)](#)

Building Number:

02

Building Name:

M Wing

Configuration
:

Remove from GAC service by 1/1/2020

Type of Service Provided☐

Nursing

☐

Surgical

☐Obstetrical
Cesarean/Deliv☐Rehabilitation
Therapy☐

IntensiveCare

☐

Anesthesia

☐Obstetrical
Recovery☐

Renal Dialysis

☐Pediatric/Adol
escent☒

Clinical Lab

☐Newborn/
WellBaby☐Outpatient
Surgery☐Psychiatric
Nursing☐Radiological/
Imaging☐

Emergency

☐

Central Plant

☐Obstetrical
Ante/Postpartum☐

Pharmaceutical

☐

Nuclear Medicine

☐Support
Services☐Intermediate
Care☐

Dietetic

☐

Nuclear Medicine

☐Support
Services☐

Skilled Nursing

☒

Administration

☐

Nuclear Medicine

☐Support
Services

Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general acute care hospital building per [Section 130061\(c\)\(5\)](#)

Building Number:

03

Building Name:

Service Building

Configuration

:

N/A

Type of Service Provided☐

Nursing

☐

Surgical

☐Obstetrical
Cesarean/Deliv☐Rehabilitation
Therapy☐

IntensiveCare

☐

Anesthesia

☐Obstetrical
Recovery☐

Renal Dialysis

☐Pediatric/Adol
escent☐

Clinical Lab

☐Newborn/
WellBaby☐Outpatient
Surgery☐Psychiatric
Nursing☐Radiological/
Imaging☐

Pharmaceutical

☐

Emergency

☒

Central Plant

☐Obstetrical
Ante/Postpartum☐

Dietetic

☐

Nuclear Medicine

☐Support
Services☐Intermediate
Care☐

Administration

☐

Skilled Nursing